



RADIATION MACHINE REGISTRATION

DEPARTMENT OF HEALTH
AIR QUALITY/RADIATION CONTROL PROGRAM
SFN 8428 09/11

Note: See instructions on reverse side. Registration does not imply approval or disapproval of this facility, nor is it a license.

1a. Facility name

1b. Mailing address

1c. Physical address

City/state/zip

Contact/affiliation

Phone:

1d. RSO

1e. Owner

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

REGISTRATION CERTIFIED
NORTH DAKOTA DEPARTMENT OF HEALTH

Registration Number:

Director - Air Quality

James Lawson

By: James Lawson/ Warren Freier/ Dan Harman

2. Is/are radiation machine(s) co-owned? Yes/No (circle one). If yes, list co-owners.

Co-owner A:

Co-owner B:

Co-owner C:

3. Type of Facility:

4. Listing of Radiation Machine(s) - Owned or Co-Owned

Mach ID	Manufacturer	kV	mA	Control Serial number	Room Name or Number	# of tubes	Mach type	Fee	Storage
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
*									<input type="checkbox"/>

To the best of my knowledge, the above information is complete, true and correct.

Total:

Name (Type or Print)

Title:

Signature:

Date:

INSTRUCTIONS FOR COMPLETING REGISTRATION FORM

ITEM NUMBER

INSTRUCTIONS

- 1a. Name of facility where machines are located. Print name of the facility or business where the radiation machine(s) are located.
- 1b. Mailing address. List address where correspondence should be sent, if different than 1c.
- 1c. Physical location/address of radiation producing machine(s). List address of facility housing the radiation machine(s).
- 1d. Person responsible for radiation safety. List name and title of the person responsible for radiation safety of the facility.
- 1e. Owner of radiation machines. Print name of the person(s) who own(s) the radiation machine(s) or those legally responsible for the location of said machine(s).
- 2. Are these radiation sources co-owned? List name(s) of all who have shares of ownership in these radiation machine(s).
- 3. Type of practice or use. Verify appropriateness of selection: Medical, Dental, Podiatry, Chiropractic, Osteopathy, Veterinary, Education, Research, Industrial.
- 4. Type of facility Verify appropriateness of selection: Private Office, Hospital, Clinic, Mobile, Educational Institution, Industrial.
- 5. Listing of radiation machine(s) owned or co-owned. Machine ID- letter assigned by the Department during registration.
 Manufacturer - Manufacturer of console of radiation machine.
 kV - highest kilovolt setting of machine.
 mA - highest milli-Ampere station of machine.
 Serial Number - serial number listed on machine control.
 Room - room name or number where machine is located.
 # of tubes- number of x-ray tubes controlled by this console.
 Machine Type - See Fee schedule below.

Date and Sign form. Mail To:

Department of Health
 Division of Air Quality
 Radiation Control Program
 918 East Divide Avenue, 2nd Floor
 Bismarck, ND 58501-1947

SCHEDULE OF FEES FOR REGISTRATION CERTIFICATE AND INSTRUCTIONS

Applications for registration of radiation machines and other regulatory services shall pay the following fees for each machine that they possess and use at their facilities. The fees cover a three year registration period, the renewal fee is the amount listed. All educational applications should add an E to the machine type to indicate research/education.

Registration Category	Machine Type	Fee for each Machine	Registration Category	Machine Type	Fee for each Machine
Dentistry.....	IO, C, CP, P,CI.....	\$230	Chiropractic.....	RC.....	\$320
Medical			Podiatry.....	RP.....	\$260
- Radiographic.....	R,RM,M,MV,CT,BD,MS,RV.....	\$350	Veterinary.....	RMV,RSV.....	\$230
- Fluoroscopic.....	FS, FM.....	\$530	Industrial ...	B,DF,EB,EM,ES,FL,IF,MP,RI,W,WC.....	\$685
- Combined Radiographic/Fluoroscopic ...	RF.....	\$700	Accelerators (Industrial Research)...	AI.....	\$530
- Therapeutic: Linear Accelerator (<10MEV).....		\$530	Education/Research.."E" extention on type.....		\$530
- Therapeutic: Linear Accelerator (>10MEV).....		\$850			
- Superficial X-ray.....	TS.....	\$260			